

**TAX PREPARER REQUEST
TO ELECTRONICALLY FILE TAX RETURNS**

 STATE OF CALIFORNIA
BOARD OF EQUALIZATION

ACCOUNT INFORMATION
Please print

BOE ACCOUNT NUMBER(S)	NAME OF TAXPAYER	BUSINESS EMAIL ADDRESS

Note: Attach additional pages as needed. Owners of record for each account will receive notification of this request to electronically file returns. You will receive email confirmation that your request has been granted.

TAX PREPARER INFORMATION

I certify under penalty of perjury that I file the tax returns for the Board of Equalization accounts listed above and request the ability to electronically file on their behalf.

All fields are required

 NAME OF TAX PREPARER *(please print)*

 ADDRESS *(street, city, state, zip code)*

TELEPHONE NUMBER

()

EMAIL ADDRESS

TAX PREPARER SIGNATURE



DATE

Return this form to:

 Board of Equalization
Taxpayer Information Section, MIC:90
P.O. Box 942879
Sacramento, California 94279-0090